I. All Provider Levels

- 1. Refer to the Patient Care Protocols.
- 2. Maintain a patent airway and administer oxygen.
- 3. Assess the patient for signs of imminent delivery.
 - A. Number of previous deliveries.
 - B. Contractions less than two minutes apart, lasting 30-45 seconds.
 - C. Crowning or bulging.
 - D. Mother feels a need to move bowels.



Note Well: Do not allow the mother to go to the toilet.

- 4. If the delivery does not appear imminent, position and transport the patient in the left lateral recumbent position.
- 5. Reassess the patient frequently.
- 6. If delivery is imminent, prepare for delivery.
 - A. Utilize body substance isolation practices.
 - B. Control the delivery, prevent the head from 'exploding' from the vagina.
 - C. Support the head during the delivery.
 - D. Suction the mouth, then nose, after delivery of the head.
 - E. Remove cord from around the neck if needed.

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I. All Provider Levels (continued)

- F. Gently guide the head downward until the upper shoulder delivers.
- G. Gently guide the head upward until the other shoulder delivers.
- Н. Keep the newborn at perineum level until the delivery is complete, the cord is clamped at 8 and 10 inches from the newborn, and the cord is cut between the clamps.
- J. Care for the newborn in accordance with the Neonatal Resuscitation Protocol.
- K. Record the time of the birth.
- 7. If excessive postpartum hemorrhage is present.
 - A. Control external perineal bleeding by direct pressure to lacerations.
 - B. Perform uterine massage.
 - C. If possible, encourage the mother to nurse the newborn.
 - D. If bleeding is severe, refer to the Management of the Vaginal Hemorrhage Protocol (F2).
- 8. Prepare for the delivery of the placenta during transport.
 - A. Transport the placenta in a plastic bag, with the patient.

Note Well: Do not delay transport.

9. If blood pressure is less than 100 mmHg systolic, establish an IV of Normal Saline.

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II. Advanced Life Support Providers

1. Apply EKG monitor and document rhythm strip.



III. Transport Decision

1. Transport directly to the L&D unit may be indicated.

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